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UTILITY PATENT

Date: 6/6/03
File No. **MDS-6063**

Sir:

Transmitted herewith for filing is the patent application of
Inventor(s): Lee, et. al.

I hereby certify that this paper is being deposited with the United States Postal Service as Express Mail in an envelope addressed to: U.S. Patent and Trademark Office, Commissioner for Patents, 2011 South Clark Place, Customer Window, Mail Stop Patent Application, Crystal Plaza Two, Lobby, Room 1B03, Arlington, VA 22202, on this date.

For: **PARYLENE COATED FLUID
FLOW REGULATOR**

10/3/2003 EH875179463US
Date Express Mail Label No.:

U.S.P.T.O.
10/6/2003
10678568



Enclosed are:

- (X) 15 pages of specification, including 18 claims and an abstract.
(X) an executed oath or declaration, with power of attorney.
() an unexecuted oath or declaration, with power of attorney.
() sheet(s) of informal drawing(s).
(X) 4 sheet(s) of formal drawing(s).
(X) Assignment(s) of the invention to Baxter International Inc.
(X) Assignment Form Cover Sheet.
() A check in the amount of \$ 0.00 to cover the fee for recording the assignment(s) is enclosed.
() Information Disclosure Statement.
() Form PTO-1449 and cited references.
() Associate power of attorney.
() Priority Document.

Fee Calculation For Claims As Filed

a)	Basic Fee	\$ 770.00
b)	Independent Claims <u>2</u> - <u>3</u> = <u>0</u> x \$ 84.00 = \$ <u>0.00</u>	\$ <u>0.00</u>
c)	Total Claims <u>18</u> - <u>20</u> = <u>0</u> x \$ 18.00 = \$ <u>0.00</u>	\$ <u>0.00</u>
d)	Fee for Multiple Dependent Claims	\$280.00 = \$ <u>0.00</u>
	Total Filing Fee	\$ <u>770.00</u>

- () Applicant qualifies as a Small Entity, reducing Filing Fee by half to \$ _____
() A check in the amount of \$ _____ to cover the filing fee is enclosed.
(X) Charge \$770.00 to Deposit Account No. 02-1440.
() Other _____
(X) The Commissioner is hereby authorized to charge any additional fees which may be required to this application under 37 C.F.R. §§1.16-1.17, or credit any overpayment, to Deposit Account No. 02-1440. Should no proper payment be enclosed herewith, as by a check being in the wrong amount, unsigned, post-dated, otherwise improper or informal or even entirely missing, the Commissioner is authorized to charge the unpaid amount to Deposit Account No. 02-1440. A duplicate copy of this sheet is enclosed.

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